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IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WISCONSIN

JESSICA TISCHER, individually and  
as Personal Representative For the  
Spouse and Children of Jacob Tischer,  
Decedent,

Plaintiff,

DEPOSITION

Case No.

3:19-cv-00166-jdp

vs.

UNION PACIFIC RAILROAD COMPANY,  
a Delaware corporation,

Defendant.

UNION PACIFIC RAILROAD COMPANY,  
a Delaware corporation,

Defendant/Third-Party Plaintiff,

vs.

PROFESSIONAL TRANSPORTATION, INC.,  
Third-Party Defendant.

The deposition of MICHAEL LINSTEDT, taken under  
and pursuant to the provisions of Chapter 804 of the  
Wisconsin Statutes and the acts amendatory thereof  
and supplementary thereto, before Stephanie J. Peil,  
Notary Public in and for the State of Wisconsin, at  
the City of Eau Claire Fire & Rescue, 216 S. Dewey  
Street, Eau Claire, Wisconsin, on the 25th day of  
September, 2019, commencing at approximately  
1:39 p.m.

ORIGINAL TRANSCRIPT FILED AT THE

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## EXAMINATION INDEX

MICHAEL LINSTEDT:

By Mr. Hayden 4,31

By Mr. Banker 20

## EXHIBITS

Marked for  
Identification

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ORIGINAL EXHIBIT WITH ORIGINAL TRANSCRIPT  
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## APPEARANCES:

Paul Banker, Esq., of Hunegs, LeNeave & Kvas,  
1000 Twelve Oaks Center Drive, Suite 101, Wayzata,  
Minnesota, 55391, appeared representing the  
Plaintiff.

Thomas A.P. Hayden, Esq., of Union Pacific  
Railroad Corporation, 101 North Wacker Drive, Room  
1920, Chicago, Illinois, 60606, appeared  
representing the Defendant and Third-Party  
Plaintiff, Union Pacific Railroad Corporation.

Michael B. Cohen, Esq., of Quintairos, Prieto,  
Wood & Boyer, P.A., 233 South Wacker Drive, 70th  
Floor, Chicago, Illinois, 60606, appeared  
representing the Third-Party Defendant, Professional  
Transportation, Inc.

Also present: Jessica Tischer and Todd Nutter.

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## P R O C E E D I N G S

(Exhibit 22 marked for identification.)

MICHAEL LINSTEDT,

being first duly sworn, testified as follows:

## EXAMINATION

BY MR. HAYDEN:

Q. Sir, can you state your name for the record.

A. Michael Linstedt. M-I-C-H-A-E-L,  
L-I-N-S-T-E-D-T.

Q. And, sir, by whom are you employed?

A. City of Eau Claire with Eau Claire Fire.

Q. Okay. Have you ever given your deposition  
before?

A. I have not.

Q. Okay. Hopefully it will be a short process.

We are -- I am going to ask you about the  
records of your response to a patient a couple  
of years ago in August of 2017. Before you,  
I've shown you what's been marked as Exhibit 23  
(sic). Is that -- have you had a chance to  
review the records of that treatment of Jake  
Tischer --

A. I have.

Q. -- Exhibit 23? Before we get into talking a  
little bit about that, can you just explain for

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Q & A COURT REPORTERS, INC.

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<p>1 us the background -- your background, your 2 training, what experience brought you to -- to 3 August of 2017. 4 A. Sure. Would you like my experience to this 5 date or what the report said? 6 Q. Let's take you up to that point, and then I'll 7 ask you what you're currently doing. 8 A. Okay. I've been -- I've worked for Eau Claire 9 Fire since January 18th of 2016. 10 Q. Okay. 11 A. I've been an EMS for about eight years and 12 firefighting probably about -- about ten. 13 Q. When did you first -- or was this the first EMT 14 position you had, or have you worked for other 15 companies anywhere else? 16 A. I was a paramedic in Baldwin. 17 Q. For how long? 18 A. About a year and a half. 19 Q. And what training did you have to receive 20 before becoming an EMT in Baldwin? 21 A. You have to go to a two-year program at CVTC or 22 any other technical college to get your 23 paramedic degree and then a bunch of on -- 24 on-job training and certifications. 25 Q. Did you get a paramedic degree?</p>	<p>1 that. 2 Q. Okay. And currently what's your -- can you 3 describe your position here at the company and 4 how, if any -- how, if at all, it's different 5 from what it was in October -- I'm sorry -- 6 August of 2017. 7 A. Firefighter/paramedic for the City of 8 Eau Claire and has been the same since that 9 date. 10 Q. When you get calls, do you go out in teams of 11 two or depending on what it is? 12 A. Depending on the call. 13 Q. On this date is there evidence you did go out 14 with another person? 15 A. We have -- according to this report, we had a 16 student riding with us. 17 Q. And who was that? 18 A. To my knowledge, I can't remember her name. 19 Q. Okay. Was there anyone else with you on that 20 call other than you and the student? 21 A. I can't recall other than what was in the 22 report. 23 Q. Okay. Todd Nutter is another gentleman who has 24 signed the report. Is that the gentleman who 25 is sitting with us today?</p>
Page 6	Page 8
<p>1 A. I did. 2 Q. From that institution? 3 A. Correct. 4 Q. And when was that? 5 A. Approximately August 7th of 2015. 6 Q. Other than Baldwin and -- and this company, 7 have you worked for any others as a 8 paramedic/EMT? 9 A. Paramedic, just Baldwin. 10 Q. Okay. At the time of this -- your care of Mr. 11 Tischer in August of 2017, had you obtained any 12 licensures or certifications? 13 A. Could you repeat that again? 14 Q. Yeah. At the -- in August of 2017, the subject 15 of this deposition, had you up to that point 16 received any certifications or licensures? 17 A. I've received -- previous before that date I 18 have. 19 Q. They were still active at the time? 20 A. Correct. 21 Q. What had you received? 22 A. Paramedic Associate Degree; paramedic technical 23 certification; advanced cardiac life support 24 certification; PALS, pediatric life support 25 certification; and a CPR certification with</p>	<p>1 A. Correct. 2 Q. Was Mr. Nutter on the call with you? 3 A. He was. 4 Q. Okay. So other than Mr. Nutter and the student 5 and you, was there anyone else on the call? 6 A. Other than -- I can't remember. 7 Q. From the records? 8 A. From -- other than the records, I can't 9 remember. 10 Q. Okay. But the records do indicate Mr. Nutter 11 was with you on the call? 12 A. Correct. 13 Q. And along with an unnamed -- a student whose 14 name you can't remember? 15 A. Correct. 16 Q. Did the student -- do the records indicate 17 whether the student had done any of the work 18 upon arriving at the scene and treating Mr. 19 Tischer? 20 A. Could you repeat that again? 21 Q. Yeah. It's a bad question. Did the student 22 perform any work or provide any care to Mr. 23 Tischer from the time you all arrived at the 24 scene until Mr. Tischer was delivered to the 25 hospital?</p>

<p style="text-align: right;">Page 9</p> <p>1 A. She was working with us, so she was assisting 2 with our skills and our assessment. 3 Q. Okay. Did the records indicate whether she, 4 the student, performed any of the testing or 5 any of the care? 6 A. Do you mind if I check quick? 7 Q. Sure. 8 A. (Reading document.) According to the report, 9 she received the 12 lead. 10 Q. Okay. That's the EKG? 11 A. Correct. 12 Q. Other than that, did -- did she provide any 13 care to Mr. Tischer? 14 A. It appears the 12 lead was her only skill for 15 that call. 16 Q. Okay. In looking at the record, does it -- in 17 particular the 12-lead record, does that 18 indicate what her name is, by chance? 19 A. It shouldn't. 20 Q. In looking at it does it? 21 A. It -- one second. We have a crew number of 22 99905. 23 Q. Okay. All right. Let's look at that exhibit a 24 little further then. Do you have any knowledge 25 of whether there's any other records of the</p>	<p style="text-align: right;">Page 11</p> <p>1 Q. And then got Mr. Tischer to the hospital at 2 21:24:24? 3 A. Correct. 4 Q. How were those -- how were those times 5 recorded? Where do you get those times from in 6 order to enter them into your report? 7 A. So each of those times is when we make a 8 communication with the Eau Claire Comm Center. 9 Q. Okay. 10 A. So when we get dispatched, they dispatch at 11 this time, and then when we go en route, that's 12 the next time we make communication with them. 13 Q. And so is this report then -- do those times 14 get populated by the dispatch center into the 15 report because of their marking that particular 16 time? 17 A. Correct. 18 Q. If you look at the Narrative part of the 19 patient report, it shows that you were the 20 author. You're the PCR author. Does that mean 21 you're the -- the author of this report? 22 A. Correct. 23 Q. Okay. The narrative then states a description 24 of what -- of what you did and what you saw. 25 And is that something that you yourself typed</p>
<p style="text-align: right;">Page 10</p> <p>1 care of Mr. Tischer other than the one we have 2 before you as Exhibit 22? 3 A. To my best knowledge, this is the care report. 4 Q. Okay. This is a common care report that's done 5 after every call? 6 A. Correct. 7 Q. Can you tell us from the record when it was 8 that the call came in? 9 A. Dispatched 8/12 of '17 at 21:00:35. 10 Q. And right above that in the listing of times 11 there is an indication that at 20:56:27 or 8:56 12 and 27 seconds PSAP was recorded. What is 13 that? 14 MR. NUTTER: That's what -- sorry. 15 BY MR. HAYDEN: 16 Q. Do you know that, Mike? 17 A. According to the report -- I don't see it on 18 here, but I'm not entirely sure what that 19 means. 20 Q. Okay. And then you arrived at the patient at 21 21:07:52? 22 A. There we go. Could you repeat that last thing? 23 Q. Did you guys arrive at the patient at 27 -- I'm 24 sorry -- 21:07:52? 25 A. Correct.</p>	<p style="text-align: right;">Page 12</p> <p>1 in? 2 A. Correct, this is what I've typed. 3 Q. Okay. Because we know you're the author? 4 A. Correct. 5 Q. And it says that, Medic 5 -- that was your unit 6 on that day? 7 A. Correct. 8 Q. -- responded immediately for a Charlie 9 response. What's a Charlie response? 10 A. We have a designation for each call depending 11 on the height of the level and what 12 information is told from the initial caller to 13 the dispatch, so they kind of make a response 14 and resources needed for that call. 15 Q. Okay. And where does Charlie fall in the 16 range? 17 A. Charlie is the third dispatch of four. 18 Q. Okay. What's the first? 19 A. Alpha. 20 Q. Is that the lowest? 21 A. Correct. 22 Q. And what is next? 23 A. Alpha, Bravo, Charlie, and Delta. 24 Q. Delta being the highest level of -- of response 25 priority?</p>

3 (Pages 9 to 12)

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<p>1 A. Correct.</p> <p>2 Q. Are -- is there only certain EMTs who are</p> <p>3 qualified to respond to a Charlie?</p> <p>4 A. Everyone can respond to all designations. It</p> <p>5 just depends on what response goes.</p> <p>6 Q. And it's reported that you were responding to a</p> <p>7 31-year-old male for stroke-like symptoms; is</p> <p>8 that correct?</p> <p>9 A. Correct.</p> <p>10 Q. And he was feeling -- according to the</p> <p>11 communication center, the patient was feeling</p> <p>12 weakness in his left leg; is that right?</p> <p>13 A. Correct.</p> <p>14 Q. Then a history is taken, and that was taken by</p> <p>15 you?</p> <p>16 A. Yep. Correct. Sorry.</p> <p>17 Q. That's okay. And is there any indication here</p> <p>18 in the chart that Mr. Tischer was communicating</p> <p>19 with you without any problems?</p> <p>20 A. According to the chart, he was having slurred</p> <p>21 speech.</p> <p>22 Q. Okay. But you were still able to understand</p> <p>23 him and communicate back and forth with him?</p> <p>24 A. I can't entirely remember the level of speech.</p> <p>25 Q. Okay. If you put something down in the</p>	<p>1 earlier. Do you have any recollection of this</p> <p>2 incident in your mind's eye, this call?</p> <p>3 A. It was a couple years ago, so kind of what was</p> <p>4 written on the report is kind of my best</p> <p>5 knowledge right now.</p> <p>6 Q. Okay. There's nothing else on this -- that's</p> <p>7 not on the report that you remember; is that</p> <p>8 fair?</p> <p>9 A. Correct.</p> <p>10 Q. Do you remember how many people were there at</p> <p>11 the time that you responded?</p> <p>12 A. That I'm unaware of.</p> <p>13 Q. If it's not recorded here, it's just unaware to</p> <p>14 you?</p> <p>15 A. Correct.</p> <p>16 Q. Nevertheless, whoever the patient's friend was</p> <p>17 stated -- told you and you recorded it here</p> <p>18 that he was -- he, Mr. Tischer, was acting</p> <p>19 different all day; is that right?</p> <p>20 A. Correct.</p> <p>21 Q. And that he was -- patient's friend stated that</p> <p>22 he was last seen normal at approximately 0700</p> <p>23 or 7 a.m. that day; is that correct?</p> <p>24 A. Correct.</p> <p>25 Q. Do you have any other additional information</p>
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<p>1 history, that would be something that you were</p> <p>2 confident that you understood correctly from</p> <p>3 the patient; is that fair?</p> <p>4 A. Correct.</p> <p>5 Q. So when you wrote that, The patient stated</p> <p>6 about an hour before calling 911 he was having</p> <p>7 really bad left leg and arm weakness, that</p> <p>8 would be something that the patient reported to</p> <p>9 you?</p> <p>10 A. Correct.</p> <p>11 Q. He states about an hour. Was he any more</p> <p>12 specific beyond that?</p> <p>13 A. According to the report, it says, Patient</p> <p>14 stated about an hour before calling 911.</p> <p>15 Q. Nothing more specific besides that estimate of</p> <p>16 about an hour?</p> <p>17 A. Correct.</p> <p>18 Q. Okay. Patient's friend, you report then,</p> <p>19 stated that he was acting different all day.</p> <p>20 Do you have any identifiers about who patient's</p> <p>21 friend was?</p> <p>22 A. I would think co-worker.</p> <p>23 Q. Okay. But that would be an assumption?</p> <p>24 A. Correct.</p> <p>25 Q. Do you have any -- should have asked you this</p>	<p>1 about how those people came to know that?</p> <p>2 A. That I am not aware of.</p> <p>3 Q. Did Mr. Tischer tell you and did you record</p> <p>4 that he felt like he was having a bad headache?</p> <p>5 A. According to the report, it says, Patient said</p> <p>6 he felt like he was having a very bad headache.</p> <p>7 Q. Okay. And he told you that he had vomited</p> <p>8 earlier?</p> <p>9 A. Correct.</p> <p>10 Q. And did you assess him as being alert,</p> <p>11 oriented, and able to answer your questions?</p> <p>12 A. Correct.</p> <p>13 Q. Inside the ambulance a stroke scale was</p> <p>14 performed, and he had a positive left-sided</p> <p>15 stroke assessment; is that right?</p> <p>16 A. Correct.</p> <p>17 Q. What is the stroke scale? How do you -- how is</p> <p>18 it -- what is your technique for performing</p> <p>19 that?</p> <p>20 A. So we go off of the -- Eau Claire Fire goes off</p> <p>21 the Cincinnati scroll -- scale, so that would</p> <p>22 be grip strength, facial droop, and speech.</p> <p>23 Q. And you reported that he had no grip strength</p> <p>24 on his left hand; is that right?</p> <p>25 A. Correct.</p>

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<p>1 Q. And a left facial -- left-sided facial droop 2 and was also slurring his words; is that 3 correct? 4 A. Correct. 5 Q. And did you have any -- did you record any 6 information about how long those three symptoms 7 were present specifically? 8 A. To my best knowledge is what was in the report 9 about those symptoms. 10 Q. Nothing else other than what's in your report; 11 is that -- is that fair? 12 A. Correct. 13 Q. Are you in -- were you in -- before getting Mr. 14 Tischer to the hospital -- and, by the way, 15 which hospital was it that you took him to by 16 this report? 17 A. According to the report, Mayo Hospital in 18 Eau Claire. 19 Q. Okay. And from -- at any time from the point 20 that you were at his side in response to the 21 point where you delivered Mr. Tischer to the 22 Eau Claire Mayo facility, were you in contact 23 with any physicians relaying or communicating 24 his symptoms? 25 A. We contact -- correction. I contacted medical</p>	<p>1 to perform any particular testing or administer 2 any drugs? 3 A. According to my report, I just have the contact 4 and the activation of the team. 5 Q. Okay. And if you had administered any drugs at 6 their command, it would have been -- it would 7 be so noted? 8 A. Correct. 9 Q. Okay. Was it you or Todd who took the vital 10 signs that are recorded here? 11 A. There is no marking of the person who recorded 12 the vitals. 13 Q. Okay. They were -- you'd agree with me they 14 were taken at 21:19:00 and then again at 15 21:21:41? 16 A. Correct. 17 Q. Okay. And both times a Glasgow Comma -- Coma 18 Scale was -- was done; is that right? 19 A. Correct. 20 Q. Okay. His eyes opened spontaneously on both 21 occasions that the vitals were taken; is that 22 right? 23 A. Correct. 24 Q. He was oriented, he was smiling -- he was able 25 to smile, I should say, he was oriented to</p>
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<p>1 control as seen as in -- as seen in the last 2 sentence of the RN A chart. It says, Medical 3 control was contacted and the stroke team was 4 activated. 5 Q. Where is medical control? 6 A. Medical control is located in the ER. 7 Q. Of the hospital that you're intending to take 8 the patient? 9 A. Correct. 10 Q. And what's recorded, if anything, about the 11 communication between you guys and medical 12 control? 13 A. What's recorded relating to the report? 14 Q. Um-hum. 15 A. Could you repeat that one more time? 16 Q. Sure. What was recorded in your report about 17 any communications or instructions that were 18 relayed between you and medical control? 19 A. According to my control, he was contacted and 20 the stroke team was activated. 21 Q. Okay. Stroke team at the hospital was 22 waiting -- was activated, waiting for Mr. 23 Tischer to arrive? 24 A. Correct. 25 Q. Did the medical control request or command you</p>	<p>1 sounds, following objects, and interacts; is 2 that right? 3 A. Correct. 4 Q. On both occasions he obeyed commands and gave 5 appropriate responses to stimulation; is that 6 correct? 7 A. Correct. 8 Q. He never lost consciousness during the period 9 of time that you were with him; is that fair? 10 A. Correct. 11 MR. HAYDEN: Those are all the questions I 12 have for you, sir. 13 MR. COHEN: No questions. 14 MR. BANKER: If I could -- is that Exhibit 15 23 in front of you? 16 MR. HAYDEN: It's 23 or 2. 22. 17 MR. BANKER: 22. 18 BY MR. BANKER: 19 Q. So on Exhibit 22, I just want to go back to the 20 Narrative. 21 A. Okay. 22 Q. And looking at the History section there's a 23 comment there on the second line of, I guess, 24 the third sentence. It says, Patient's friend 25 stated he thought he might have had a stroke.</p>

5 (Pages 17 to 20)



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<p>1 Other than what's written there, do you have</p> <p>2 any identifying information about who the</p> <p>3 patient's friend was that made that statement?</p> <p>4 A. I do not.</p> <p>5 Q. And then in the next sentence it says,</p> <p>6 Patient's friend stated he was last seen normal</p> <p>7 at approximately 0700. Do you see that?</p> <p>8 A. Correct.</p> <p>9 Q. Same question there. Do you have any</p> <p>10 additional information other than what's in the</p> <p>11 report to identify that person?</p> <p>12 A. Just what's in the report.</p> <p>13 Q. So there's three statements in the History</p> <p>14 section of the report talking about the</p> <p>15 patient's friend stated, patient's friend</p> <p>16 stated, and patient's friend stated. Do you</p> <p>17 recall whether that was one person speaking or</p> <p>18 more than one person speaking?</p> <p>19 A. I do not recall.</p> <p>20 Q. Did you assume that whoever was speaking about</p> <p>21 those things, the patient's friend, was a</p> <p>22 co-worker?</p> <p>23 A. I do not recall.</p> <p>24 Q. Once you had performed the stroke scale</p> <p>25 assessment, what is indicated in terms of</p>	<p>1 normal?</p> <p>2 A. That identifies when they were last seen normal</p> <p>3 and functioning normal.</p> <p>4 Q. And what use do you make of that information in</p> <p>5 your assessment?</p> <p>6 A. Accounts from people on scene or a person</p> <p>7 ask -- asking the -- the patient too.</p> <p>8 Q. I guess I'm not -- I'm not following.</p> <p>9 A. So when you justify a last seen normal, it's</p> <p>10 people that are around him the whole day or</p> <p>11 himself.</p> <p>12 Q. Okay. That's who you get it from?</p> <p>13 A. Correct.</p> <p>14 Q. What purpose does that information serve in</p> <p>15 your mind? Why do you want to know that?</p> <p>16 A. To identify about what time the stroke symptoms</p> <p>17 started.</p> <p>18 Q. Okay. And that is, as I understood it, the</p> <p>19 second thing you're looking for. So there's</p> <p>20 last seen normal and when did the symptoms</p> <p>21 start?</p> <p>22 A. Correct.</p> <p>23 Q. Why differentiate between those two times?</p> <p>24 A. There's a window in stroke for treatment,</p> <p>25 depending on how far apart the stroke is, what</p>
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<p>1 paramedic treatment for a stroke patient that's</p> <p>2 been assessed with a -- with a stroke?</p> <p>3 A. According to the Chippewa Valley protocols, we</p> <p>4 look for the last seen normal, when they were</p> <p>5 not showing any symptoms, and then about when</p> <p>6 the symptoms start, and if they have a history</p> <p>7 of anticoagulant medication or not, they would</p> <p>8 prefer an IV and a 12 lead, depending on the</p> <p>9 hospital a lab draw or not, and then a medical</p> <p>10 control contact.</p> <p>11 Q. So I was -- I was taking some notes. I got</p> <p>12 last seen -- you're looking for last seen</p> <p>13 normal, when the symptoms start. Was it last</p> <p>14 seen normal?</p> <p>15 A. Could you repeat that again?</p> <p>16 Q. So I was -- I was making some notes about --</p> <p>17 you kind of went through a list.</p> <p>18 A. Sure.</p> <p>19 Q. And I got last seen normal, when the symptoms</p> <p>20 start, and then I think I missed one.</p> <p>21 A. History of anticoagulant medication.</p> <p>22 Q. And then a medical control contact?</p> <p>23 A. Correct.</p> <p>24 Q. So do you know why you're looking for the</p> <p>25 information about when a patient was last seen</p>	<p>1 treatment will be done at the hospital.</p> <p>2 Q. So you're trying to make an initial assessment</p> <p>3 and gather some additional information to</p> <p>4 provide it on to medical control?</p> <p>5 A. Correct.</p> <p>6 Q. And so were you able to make that assessment in</p> <p>7 the case of Mr. Tischer?</p> <p>8 A. Could you repeat that again?</p> <p>9 Q. Yeah. Were you able to make the assessment of</p> <p>10 those three categories of information with</p> <p>11 respect to Mr. Tischer?</p> <p>12 A. Correct.</p> <p>13 Q. It looks like from your report that he had no</p> <p>14 history of anticoagulant, and it looks like</p> <p>15 you've got a last seen normal. Do you have a</p> <p>16 when the symptoms start here in the report?</p> <p>17 A. According to the report, the patient said about</p> <p>18 an hour before calling 911 he was having really</p> <p>19 bad left leg and arm weakness.</p> <p>20 Q. So that's speaking to that category of</p> <p>21 information?</p> <p>22 A. Correct.</p> <p>23 Q. Okay. And then did you forward those three</p> <p>24 pieces of information: last seen normal,</p> <p>25 when symptoms start, and history of</p>

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1 anticoagulants, on to medical control?  
 2 A. Correct.  
 3 Q. Is there anything more than making that  
 4 assessment of those four steps you've described  
 5 that you provide in terms of paramedic  
 6 treatment for a possible stroke patient?  
 7 A. 12 lead to see how the heart is doing, and then  
 8 depending on the rest of the vitals possibly a  
 9 blood pressure medication.  
 10 Q. And was Mr. Tischer's 12 lead, was that -- did  
 11 that show any issues with his heart?  
 12 A. No sign of STEMI or cardiac arrest.  
 13 Q. Okay. And with respect to his vitals, did that  
 14 provide any different path for responding?  
 15 A. One second. Could you repeat the question one  
 16 more time?  
 17 Q. Sure. You had -- you had talked about the four  
 18 criteria, and then you mentioned two other  
 19 possible things that you look at: the 12  
 20 lead to assess the heart and then the vitals to  
 21 see whether you need to give, I think it was,  
 22 blood pressure medication.  
 23 A. Correct.  
 24 Q. Did you need to give Mr. Tischer blood pressure  
 25 medication based on his vital signs?

1 A. No.  
 2 Q. When you do the stroke scale that's discussed  
 3 in your narrative, is that -- are you making a  
 4 diagnosis of a stroke, or are you just doing a  
 5 preliminary assessment against a scale, or how  
 6 do you use that scale?  
 7 A. An assessment to see if symptoms are leading  
 8 towards a stroke.  
 9 Q. And I take it by the statement in your -- what  
 10 are the abbreviations in the narrative?  
 11 There's an A, a C, H, A, R, T. Do you see  
 12 that?  
 13 A. Yes.  
 14 Q. What are -- what are those? I'm assuming those  
 15 are different sections of the report.  
 16 A. It's a mnemonic that depends on information  
 17 that should be in each category.  
 18 Q. Okay. So what does the -- what does the A  
 19 stand for?  
 20 A. So the A is arrival.  
 21 Q. Okay.  
 22 A. Or leading up to the arrival. The C is the  
 23 chief complaint, H is the history, A is the  
 24 assessment, treatment on scene, and then  
 25 transport of the patient.

1 Q. What does the R stand for?  
 2 A. Oh, sorry. R would stand for the treatment.  
 3 Q. R is for the treatment, and T is for transport?  
 4 A. Correct.  
 5 Q. And so in -- after you perform the stroke scale  
 6 in the R section, you say that, Patient had a  
 7 positive left-sided stroke assessment. And so  
 8 is that as far as you go in -- as you -- as  
 9 part of your paramedic treatment?  
 10 A. For the most part, and then you'll reassess.  
 11 Q. Are you -- are you -- is that being used to  
 12 diagnose that he's had a stroke, or are you  
 13 just doing some screening procedures, I guess?  
 14 A. Screening procedures and to prep the hospital  
 15 for further treatment.  
 16 Q. Okay. I guess another way of asking it is did  
 17 you know whether Mr. Tischer had had a stroke  
 18 as you were treating him or were you just  
 19 suspecting it?  
 20 A. Performing a test for a stroke.  
 21 Q. Okay. And advising the medical control to  
 22 expect a stroke patient to do whatever  
 23 additional diagnostic tests they have?  
 24 A. Correct.  
 25 Q. Okay. I want to go -- you mentioned something

1 that when we were talking about the four -- the  
 2 three criteria of information that you provide  
 3 to the medical control, you mentioned something  
 4 that I wanted to come back to. You said the  
 5 reason why you want to know last seen normal  
 6 and when the symptoms start is that there's a  
 7 window for treatment. Can you explain what you  
 8 mean by that.  
 9 A. Depending on the guidelines for stroke -- it  
 10 has changed multiple times over the last couple  
 11 of years -- depending on what medications they  
 12 will use, depending on if it's a medication to  
 13 break the clot up or if it's a mechanical clot  
 14 retrieval.  
 15 Q. Okay. Do you know what the guidelines would  
 16 have said on August 12th, 2017?  
 17 A. Do you care if I look at the times quick?  
 18 Q. Sure.  
 19 A. There we go. (Reading document.) Looks from  
 20 the notification to the arrival at the  
 21 hospital, a little under an hour.  
 22 Q. Sure. But -- so you were -- you were  
 23 explaining that there's a window for treatment  
 24 and the guidelines have changed over time.  
 25 A. Correct.

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<p>1 Q. And so I'm wondering do you know on 2 August 12th, 2017, what the time window was 3 that you're comparing against the guidelines? 4 A. I can't 100 percent say exactly what it was 5 back in 2017. 6 Q. Okay. Do you have a sense of how long that 7 window is, generally speaking? 8 A. Approximately about 6 hours to 12. 9 Q. Six hours to -- so that if a person was last 10 seen normal more than 12 hours beyond when you 11 arrive, what does that indicate? 12 A. If it's 6 to 12 hours, they use clot busting 13 medication to help the stroke. Usually after 14 12 to 24 beyond, they usually use a clot 15 retrieval. 16 Q. And when you say "they," you're referring to 17 people actually at the hospital? 18 A. Correct. 19 Q. So as part of your paramedic response, you 20 would not be applying either a clot busting 21 drug or a clot retrieval drug as part of the 22 paramedic response? 23 A. Correct. 24 Q. Okay. And so if I understand it, you were 25 the -- you were the primary -- EMS primary care</p>	<p>1 A. Todd Nutter. 2 Q. Okay. So other people on your paramedic team? 3 A. Correct. 4 Q. How about anyone outside your paramedic team, 5 would you have any communications with anyone 6 else other than what's reflected in the report? 7 A. What -- whatever's reflected in the report is 8 what I have the best knowledge of. 9 MR. BANKER: I don't have any further 10 questions. 11 MR. HAYDEN: Mike? 12 MR. COHEN: I have nothing. 13 MR. HAYDEN: Just a follow-up. 14 BY MR. HAYDEN: 15 Q. There's nothing in your report, sir, that 16 indicates when the slurring of Mr. Tischer's 17 speech began; is that correct? 18 A. Correct. 19 Q. And there's no indication, no report in your 20 report, Exhibit 22, of when the onset of the 21 left-sided face droop was? 22 A. Do you care if I look at my report? 23 Q. Sure. I mean you're welcome to. I didn't mean 24 to say I didn't care. You're welcome to. 25 A. Could you repeat the question again?</p>
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<p>1 provider for this particular event for Mr. 2 Tischer? 3 A. Correct. 4 Q. Does that mean that you are -- and Mr. Nutter 5 was driving the ambulance? 6 A. Correct. 7 Q. And does that mean that you are kind of with 8 Mr. Tischer in the back of the ambulance as 9 he's being transported? 10 A. Correct. 11 Q. Was there any other communication that you 12 recall with Mr. Tischer other than what's 13 reflected in your report? 14 A. To my best knowledge is what is in the report. 15 Q. Okay. I guess the same -- let me ask the 16 question a different way. Did you have any 17 communication with anyone other than Mr. 18 Tischer at any time pertaining to this incident 19 other than what's requested -- other than 20 what's reflected in this report? 21 A. It would be crews and people related to the 22 scene. 23 Q. When you say "crews," what do you mean? 24 A. Crew members. Sorry. 25 Q. Crew members of --</p>	<p>1 Q. Yep. There's no recording in your -- in your 2 narrative report of when the left-sided face 3 droop began; is that correct? 4 A. Correct. 5 MR. HAYDEN: Thanks. Those are my 6 questions. 7 MR. BANKER: Nothing further. 8 (Proceedings concluded at approximately 9 2:13 p.m.) 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>



1 STATE OF WISCONSIN )

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2 COUNTY OF EAU CLAIRE )

3  
4 I, Stephanie Peil, Notary Public in and for the  
5 State of Wisconsin, certify there came before me the  
6 deponent herein, namely Michael Linstedt, who was by  
7 me duly sworn to testify to the truth and  
8 nothing but the truth concerning the matters in this  
9 cause.

10 I further certify that the foregoing transcript  
11 is a true and correct transcript of my original  
12 stenographic notes.

13 I further certify that I am neither attorney or  
14 counsel for, nor related to or employed by any of  
15 the parties to the action in which this deposition  
16 is taken; furthermore, that I am not a relative or  
17 employee of any attorney or counsel employed by the  
18 parties hereto or financially interested in the  
19 action.

20 IN WITNESS WHEREOF, I have unto set my hand and  
21 affixed my Notarial Seal this 3rd day of October,  
22 2019.

23  
24 \_\_\_\_\_  
25 Stephanie J. Peil, Notary Public